

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	37	597	02-23-01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final Original	Date
1	✓	1-2-2001
2	✓	1-2-2001
3	✓	1-2-2001
4	✓	1-2-2001
5	✓	1-2-2001
6	✓✓	1-2-2001
7	✓	1-2-2001
8	✓	1-2-2001
9	✓	1-2-2001
10	✓	1-2-2001
11	✓	1-2-2001
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45	✓	1-2-2001
46	✓	1-2-2001
47	✓	1-2-2001
48	✓	1-2-2001
49	✓	1-2-2001
50	✓	1-2-2001

If more than 150 claims or 10 actions  
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Claim	Final Original	Date
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Claim	Final Original	Date
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